

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/						51								
2		/					52								
3		2					53								
4		2					54								
5		/					55								
6		/					56								
7		/					57								
8	/						58								
9	/						59								
10	/						60								
11	/	/					61								
12		/					62								
13		/					63								
14		/					64								
15		/					65								
16		/					66								
17	/						67								
18	/						68								
19							69								
20							70								
21							71								
22							72								
23	/						73								
24	/						74								
25	/						75								
26	/						76								
27							77								
28							78								
29							79								
30							80								
31							81								
32							82								
33							83								
34							84								
35							85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	7						TOTAL IND.								
TOTAL DEP.	26						TOTAL DEP.								
TOTAL CLAIMS	27						TOTAL CLAIMS								